

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00196246

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2)  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE)  
☐ July 31 Mid-Year Report (Non-election Year Only) (MY)  
☐ Termination Report (TER)

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

- (c) 12-Day ☐ Primary (12P) ☒ General (12G) ☐ Runoff (12R)  
**PRE-Election** Report for the: ☐ Convention (12C) ☐ Special (12S)

Election on 11 / 06 / 2012 in the State of 0

- (d) 30-Day ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
**POST-Election** Report for the:

Election on / / in the State of

5. Covering Period 10 / 01 / 2012 through 10 / 17 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

10 / 22 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2012</span>		<span style="border: 1px solid black; padding: 2px;">455910.36</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">300047.72</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">50692.70</span>	<span style="border: 1px solid black; padding: 2px;">656521.28</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">350740.42</span>	<span style="border: 1px solid black; padding: 2px;">1112431.64</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">84256.00</span>	<span style="border: 1px solid black; padding: 2px;">845947.22</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">266484.42</span>	<span style="border: 1px solid black; padding: 2px;">266484.42</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	1	2

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40262.86

529101.11

(ii) Unitemized .....

10429.84

118021.17

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

50692.70

647122.28

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

50692.70

647122.28

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

7000.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

2399.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

50692.70

656521.28

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

50692.70

656521.28

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	2299.00	14706.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2299.00	14706.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37500.00	546347.69
24. Independent Expenditures (use Schedule E) .....	43957.00	272796.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	500.00	12096.68
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	500.00	12096.68
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84256.00	845947.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84256.00	845947.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	50692.70	647122.28
34. Total Contribution Refunds (from Line 28(d)) .....	500.00	12096.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50192.70	635025.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	2299.00	14706.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	2299.00	14706.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Patrick Aiello**

Mailing Address 3383 S. 17th Ave.

City State Zip Code  
Yuma AZ 85365

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2012

Transaction ID : 15F710A3F386DE46499

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Omar Almallah**

Mailing Address 20 Mule Rd

City State Zip Code  
Toms River NJ 08755-5028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 08 / 2012

Transaction ID : 1B7147D1D99EA2EFBC3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Husam Ansari**

Mailing Address 50 Staniford St  
Ste 600

City State Zip Code  
Boston MA 02114-2539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 04 / 2012

Transaction ID : 57A293A2BF5CA5984D9

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

965.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Everton Arrindell**

Mailing Address 9269 Wardley Park Ln

City

Brentwood

State

TN

Zip Code

37027-4466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 11 / 2012

Transaction ID : 17EDD49410D2D6C1A07

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Robert Bahr**

Mailing Address 150 E Manning St

City

Providence

State

RI

Zip Code

02906-5109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2012

Transaction ID : DE3D71D861187E1CF25

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Bryce Barker**

Mailing Address 2605 Maywood Dr

City

Salt Lake City

State

UT

Zip Code

84109-1615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 15 / 2012

Transaction ID : E2CC2051863A1015CC0

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1230.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
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PAGE 8 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Baumann**

Mailing Address 17560 US Highway 441

City

Mount Dora

State

FL

Zip Code

32757-6711

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2012

Transaction ID : 6BC4B3C8FE1958C83BD

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert Block**

Mailing Address 12 Curtis St

City

Meriden

State

CT

Zip Code

06450-5900

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

208.35

Date of Receipt

10 / 12 / 2012

Transaction ID : 403E8A01E801529183E0

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Bruce Brumm**

Mailing Address 6751 N 72nd St  
Ste 105

City

Omaha

State

NE

Zip Code

68122-1746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 03 / 2012

Transaction ID : 4E8DB66AE95488462FA2

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

333.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Frank Burns**

Mailing Address 301 Pepperbush Rd

City  
Louisville

State  
KY

Zip Code  
40207-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

10 / 06 / 2012

**Transaction ID : 4EE4A9BD01B5CBAD0FC;**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Peter Campanella**

Mailing Address 3855 Penn Ave

City

Sinking Spring

State

PA

Zip Code

19608-1174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

10 / 10 / 2012

**Transaction ID : 4F079511C0AEACF98963**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**c. John Carver**

Mailing Address 1055 N 300 W  
Ste 210

City

Provo

State

UT

Zip Code

84604-3374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2012

**Transaction ID : 2F5D6193FF96DE22EAB**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 53  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Christopher Coad**

Mailing Address 157 W 19th St

City  
New York

State Zip Code  
NY 10011-4102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 14 / 2012

**Transaction ID : 42D8BA90034F040B75FB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Frank Cotter**

Mailing Address PO Box 1789

City  
Roanoke

State Zip Code  
VA 24008-1789

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : D0E165B5AE6FE474A17**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Victor Crosby**

Mailing Address 140 Trinity Pl  
Bldg B

City  
Athens

State Zip Code  
GA 30607-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : C32ED3FA47C3E9D4C0D**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 53

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Catherine Cuite**

Mailing Address 8921 N Wood Sage Rd

City	State	Zip Code
Peoria	IL	61615-7822

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2012

Transaction ID : 6F6CA718-1CCB-4F27-

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Craig Czyz**

Mailing Address 1100 Oregon Ave

City	State	Zip Code
Columbus	OH	43201-3371

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2012

Transaction ID : 71022CED-38E3-4402-

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Linda Day**

Mailing Address 6309 Evanston Ave N

City	State	Zip Code
Seattle	WA	98103-5642

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2012

Transaction ID : 6F488E65B7AD9A94546

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1440.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 53

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Steven Dewey**

Mailing Address 1423 N Tejon St

City State Zip Code  
 Colorado Springs CO 80907-7436

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 08 / 2012

Transaction ID : D3A35AFDE33D023449A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Dooner**

Mailing Address 801 W 38th St  
 Austin Retina Assoc

City State Zip Code  
 Austin TX 78705-1167

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 08 / 2012

Transaction ID : 4D45A31C367ECBFFAB0

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Omar Dugar**

Mailing Address 1020 W Buena Vista Rd

City State Zip Code  
 Evansville IN 47710-5150

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 04 / 2012

Transaction ID : 29E75E35DEB890F67AC

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Dion Ehrlich**

Mailing Address 7500 Central Ave  
Ste 103

City Philadelphia State PA Zip Code 19111-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 01 / 2012

Transaction ID : 1FB1FB204C9DC7006AA

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Jon Robert Fishburn**

Mailing Address 999 N Curtis Rd  
Ste 205

City Boise State ID Zip Code 83706-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 04 / 2012

Transaction ID : D3805F6B48CD66D10B2

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

## **C. Gretchen Fuerste**

Mailing Address 2140 John F Kennedy Rd

City Dubuque State IA Zip Code 52002-3883

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 04 / 2012

Transaction ID : D5FE9BAA7348DC47D49

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1730.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Blake Geren**

Mailing Address 3120 S 57th St

City

Fort Smith

State

AR

Zip Code

72903-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

10 / 04 / 2012

**Transaction ID : F9DCFDE3095C95299FB**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Richard Gieser**

Mailing Address 2015 N Main St

City

Wheaton

State

IL

Zip Code

60187-3152

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2012

**Transaction ID : BB8C9DA378E0FE854C6**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Michael Gilbert**

Mailing Address 1364 91st Ave NE

City

Clyde Hill

State

WA

Zip Code

98004-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 03 / 2012

**Transaction ID : 464E8ACB7D693DD59CB5**

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Dana Graichen**

Mailing Address 56 Durrells Woods Rd

City

Arundel

State

ME

Zip Code

04046-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

10 / 09 / 2012

Transaction ID : CF88DDC38C9B62385D5

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. John Haley**

Mailing Address 1626 Forest Ln S  
Ste B

City

Garland

State

TX

Zip Code

75042-7943

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

10 / 05 / 2012

Transaction ID : 41DE86FD61731C75F1AE

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Bradley Dean Hammer**

Mailing Address 5901 Westown Pkwy  
Ste 200

City

West Des Moines

State

IA

Zip Code

50266-8207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2012

Transaction ID : B768982FA2B48FD98D0

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

683.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Omar Hanuch**

Mailing Address 2300 Buffalo Rd  
Bldg 700

City State Zip Code  
Rochester NY 14624-1367

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2012

Transaction ID : DF28B8D744F5FEB28F4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Weldon Havins**

Mailing Address 88 Ancient Hills Ln

City State Zip Code  
Henderson NV 89074-1750

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 04 / 2012

Transaction ID : 90390D792C4CE7B527C

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Sarah Hays**

Mailing Address 1 W Lakeshore Dr  
Ste 220

City State Zip Code  
Birmingham AL 35209-7271

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

10 / 15 / 2012

Transaction ID : F464341DB3AD34B2B45

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Thomas Henderson

Mailing Address 3410 Far West Blvd  
 Ste 140

City State Zip Code  
 Austin TX 78731-3167

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 09 / 2012

Transaction ID : F41A9D1F1530461DA4B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Paul Henry

Mailing Address 22 W Colt Square Dr

City State Zip Code  
 Fayetteville AR 72703-2813

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 15 / 2012

Transaction ID : ECA60720E51EFED4017

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John Hines

Mailing Address 5296 Peters Creek Rd

City State Zip Code  
 Roanoke VA 24019-3808

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 04 / 2012

Transaction ID : 37AEBCDA4549EEB7476

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. William Holcomb**

Mailing Address Suite 410

1890 Highway 157

City

Cullman

State

AL

Zip Code

35058-0689

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 16 / 2012

**Transaction ID : 47B9A76EA4AC208CF3AE**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. G. Baker Hubbard**

Mailing Address 1365B Clifton Rd NE

Ste B3409

City

Atlanta

State

GA

Zip Code

30322-1013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2012

**Transaction ID : 4F7C88503E23B4D1D21D**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. David Hunter**

Mailing Address 300 Longwood Ave

City

Boston

State

MA

Zip Code

02115-5724

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

304.20

Date of Receipt

10 / 13 / 2012

**Transaction ID : 4C6593C DFA637C144013**

Amount of Each Receipt this Period

30.42

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

138.76

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Kathy Hwang**

Mailing Address 14285 Lindsay Dr

City

Brookfield

State

WI

Zip Code

53005-2376

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 01 / 2012

**Transaction ID : 12AEB8A5-7564-4CD0-**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Edward Isbey III**

Mailing Address 8 Medical Park Dr

City

Asheville

State

NC

Zip Code

28803-2493

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : AFC8F8003AD4E522255**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Michael Jacobs**

Mailing Address 1080 Vend Dr  
Ste 100

City

Bogart

State

GA

Zip Code

30622-3051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 62DF9B8A0880351F0DA**

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Dip Jadav**

Mailing Address 5455 Rowley Rd  
Unit 10103

City State Zip Code  
San Antonio TX 78240-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : 14828F77B8868911391**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John Johnson**

Mailing Address 110 Med Tech Pkwy

City State Zip Code  
Johnson City TN 37604-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2012

**Transaction ID : 1D0BD7801F83CC04DFD**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Richard Kaiser**

Mailing Address 501 Cooper Landing Rd

City State Zip Code  
Cherry Hill NJ 08002-2514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 17 / 2012

**Transaction ID : F08C75D9E7F3C1FC270**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Sanjay Kamat**

Mailing Address 301 Oxford Valley Rd  
Ste 801A

City State Zip Code  
Yardley PA 19067-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 01 / 2012

**Transaction ID : 14044D95D5BCEE9620E**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Stephen Kaufman**

Mailing Address 3200 Morley Rd

City State Zip Code  
Shaker Heights OH 44122-2863

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2012

**Transaction ID : 6605E61E44C4915531F**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Denise Kayser**

Mailing Address 3536 Mendocino Ave  
Ste 380

City State Zip Code  
Santa Rosa CA 95403-3612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2012

**Transaction ID : D61519A153B5EFC7A9B**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. David Kinsler**

Mailing Address 426 W Main St

City State Zip Code  
Salem VA 24153-3610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 01 2012

**Transaction ID : D37881945A26CD584AD**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. James Klein**

Mailing Address 21711 Greater Mack Ave

City State Zip Code  
Saint Clair Shores MI 48080-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 05 2012

**Transaction ID : 4BC7A6804F2CF1CC81BB**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Stephen Kondash**

Mailing Address 6909 Good Samaritan Dr

City State Zip Code  
Cincinnati OH 45247-5207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 10 2012

**Transaction ID : 6235C26ADCAA38A9263**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

715.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Douglas Kopp**

Mailing Address 2222 W 24th St  
Unit 10

City State Zip Code  
Plainview TX 79072-1802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2012

Transaction ID : 4F57A49F2480390526E9

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **B. Yanina Kostina-O'Neil**

Mailing Address 1201 W Main St  
Ste 100

City State Zip Code  
Waterbury CT 06708-3105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 11 / 2012

Transaction ID : 09703BDF9BAB1517287

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Jabin Krassin**

Mailing Address 2277 Copperfield Dr

City State Zip Code  
Mendota Heights MN 55120-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

Transaction ID : 366B7D661259FFB9B36

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Christopher Kruger**

Mailing Address PO Box 1579

City

Poughkeepsie

State

NY

Zip Code

12601-0579

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 15 / 2012

**Transaction ID : 70F3BE37C78AAECD07C**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Barbara Kuczynski**

Mailing Address 330 E 14 Mile Rd  
Ste B

City

Clawson

State

MI

Zip Code

48017-2118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 09 / 2012

**Transaction ID : 4080DEBDFE2D4F10FEE**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. William Lahners**

Mailing Address 2601 S Tamiami Trl  
Center for Sight

City

Sarasota

State

FL

Zip Code

34239-4504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2012

**Transaction ID : 5B5F6403751BE54DD18**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

965.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Janice Law**

Mailing Address 2311 Pierce Ave

City

Nashville

State

TN

Zip Code

37232-0025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

10 / 04 / 2012

**Transaction ID : 4B858E715CD4C0AB2F5F**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Jacqueline Leavitt**

Mailing Address 200 1st St SW

Mayo Clinic West 7

City

Rochester

State

MN

Zip Code

55905-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2012

**Transaction ID : 11809AE9A151495D74C**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kent Leavitt**

Mailing Address 1135 116th Ave NE

Ste 450

City

Bellevue

State

WA

Zip Code

98004-4623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2012

**Transaction ID : C6E11141C5AB84D1FDB**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

775.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 26 OF 53  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jay Harris Levy**

Mailing Address 184 NE 168th St

City State Zip Code  
 North Miami Beach FL 33162-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2012

**Transaction ID : 452783988A0A45BFD59**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Sue Lim**

Mailing Address 263 Harrington Dr

City State Zip Code  
 Troy MI 48098-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012

**Transaction ID : 41B096731AE7AAC33946**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. James Limbert**

Mailing Address PO Box 490

City State Zip Code  
 Blacklick OH 43004-0490

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 396645BD95CE91ED2BE**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

358.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Celeste Luke**

Mailing Address PO Box 75

City

Marksville

State

LA

Zip Code

71351-0075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 10 / 2012

Transaction ID : 92FEFD04E589C3FA16D

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Aaron Mack**

Mailing Address 150 Taylor Station Rd  
Ste 150

City

Columbus

State

OH

Zip Code

43213-4440

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

10 / 10 / 2012

Transaction ID : 49EB854C52225EFD4682

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Mark Mandel**

Mailing Address 1237 B St

City

Hayward

State

CA

Zip Code

94541-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.00

Date of Receipt

10 / 04 / 2012

Transaction ID : 5E743D235D486E8AB26

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1041.67

**TOTAL** This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. James Matthews**

Mailing Address 53 Avenue of Champions

City State Zip Code  
Nicholasville KY 40356-9720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 15 2012

Transaction ID : 022CC8C8429E89A236F

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Mark Mayle**

Mailing Address 269 Hoffman Ave

City State Zip Code  
Morgantown WV 26505-7302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
10 12 2012

Transaction ID : 429F87E840D4C6091BAD

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Edward McGill**

Mailing Address 7710 Mercy Rd  
Ste 121

City State Zip Code  
Omaha NE 68124-2346

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 11 2012

Transaction ID : 372501270C18485A305

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

433.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Robert Melendez**

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code  
Rio Rancho NM 87144-4709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.69

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : 4A8D99C6FE5A0E76498E**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**B. Michael Edward Migliori**

Mailing Address 392 Rochambeau Ave

City State Zip Code  
Providence RI 02906-3520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2012

**Transaction ID : 4C36A4835B5439BBECBD**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Kevin Miller**

Mailing Address 13603 Marina Pointe Dr  
Apt C639

City State Zip Code  
Marina Del Rey CA 90292-9137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 2E691B573C0D738A136**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

275.01

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Amalia Miranda**

Mailing Address 4801 Bocage Ln

City State Zip Code  
Oklahoma City OK 73142-5407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 14 / 2012

**Transaction ID : 46568F28F8EC6DCB9D6D**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Thomas Moore**

Mailing Address 214 E Monterey Way

City State Zip Code  
Phoenix AZ 85012-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 10 / 2012

**Transaction ID : 1F0AD12825494145E45**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Raji Mulukutla**

Mailing Address 18 W Wynd Ter

City State Zip Code  
Middletown CT 06457-8730

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 03 / 2012

**Transaction ID : D5DABD40-CBDB-455E-**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

965.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Michael Munoz**

Mailing Address 1656 Oak Tree Rd

City	State	Zip Code
Edison	NJ	08820-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : FD715F57458B7F88A54

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Todd Murdock**

Mailing Address 700 W Kent Ave

City	State	Zip Code
Missoula	MT	59801-6772

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2012

Transaction ID : BE255B1D00FA38D50E1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Daniel Neely**

Mailing Address 13319 E 116th St

City	State	Zip Code
Fishers	IN	46037-9406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2012

Transaction ID : 42B0A2D496B14178FC58

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

391.67

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Sara O'Connell**

Mailing Address 7504 Antioch Rd

City

Overland Park

State

KS

Zip Code

66204-2622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2012

Transaction ID : 498F828E0F2D49D1597

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Kelly Patrick O'Neill**

Mailing Address 563 Wessel Dr

City

Fairfield

State

OH

Zip Code

45014-3668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.40

Date of Receipt

10 / 09 / 2012

Transaction ID : 4CCE81EE2C7CA0BAC971

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Thomas Omar Oei**

Mailing Address 1100 N Main Ave

City

San Antonio

State

TX

Zip Code

78212-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2012

Transaction ID : 68DE6CA36D455874E20

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1083.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. John Owen**

Mailing Address 1 Independence Plz  
Ste 700

City Birmingham State AL Zip Code 35209-2653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 17 / 2012

Transaction ID : 846CEB4B64961438192

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. David Parks**

Mailing Address 8920 Wilshire Blvd  
Retina Vitreous Conslts, Ste 500

City Beverly Hills State CA Zip Code 90211-1949

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 04 / 2012

Transaction ID : CAACA0B4696C1A704A9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Anjali Pathak**

Mailing Address 500 N and South Rd  
Apt 106

City Saint Louis State MO Zip Code 63130-3937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2012

Transaction ID : 4FCA81DEEF71C91BC46

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Harpreet Nini Patheja**

Mailing Address 110 Pepper Hill Way

City

Aiken

State

SC

Zip Code

29801-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

10 / 03 / 2012

**Transaction ID : 408D908F56D29A5A9CA4**

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**B. Todd Perkins**

Mailing Address 2870 University Ave  
Ste 206

City

Madison

State

WI

Zip Code

53705-3611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

398.00

Date of Receipt

10 / 15 / 2012

**Transaction ID : 642524B746F865A706B**

Amount of Each Receipt this Period

199.00

Full Name (Last, First, Middle Initial)

**C. Lawrence Piazza**

Mailing Address PO Box 1539

City

Blue Hill

State

ME

Zip Code

04614-1539

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

10 / 10 / 2012

**Transaction ID : 4BB88F59D1B15C0DABCC**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

324.01

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Jonathan Ply**

Mailing Address 3911 Highway 17

City

Murrells Inlet

State

SC

Zip Code

29576-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 10 / 2012

**Transaction ID : 5B7F590A6262174A996**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jerome Poland**

Mailing Address 1 3rd Ave NE

City

Crosby

State

MN

Zip Code

56441-1665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2012

**Transaction ID : 3DFB5B79AF24D6A6593**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Stephen Powell**

Mailing Address 4757 Ridgetop Dr

City

Morgantown

State

WV

Zip Code

26508-4407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2012

**Transaction ID : 41B6062E4D70227B735**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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PAGE 36 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

## **A. Vadrevu Raju**

Mailing Address 3140 Collins Ferry Rd

City

Morgantown

State

WV

Zip Code

26505-3352

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 11 / 2012

Transaction ID : 4168833D87C7D81024FB

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

## **B. Catherine Rommel**

Mailing Address 2115 Noll Dr

City

Lancaster

State

PA

Zip Code

17603-7600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 15 / 2012

Transaction ID : 20055D62281F1206F58

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Teresa Rosales**

Mailing Address 4100 Long Beach Blvd  
Ste 108

City

Long Beach

State

CA

Zip Code

90807-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2012

Transaction ID : 4C83AF9943E1FC7B57B4

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Harold Ross**

Mailing Address 738 Pre Emption Rd

City State Zip Code  
 Geneva NY 14456-1336

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 15 / 2012

Transaction ID : BEDEB31D28B325F97E6

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Edwin Hurlbut Ryan**

Mailing Address 7760 France Ave S  
 Ste 310

City State Zip Code  
 Minneapolis MN 55435-3216

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 15 / 2012

Transaction ID : 31850BF850D373872EF

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Felix Sabates Sr.**

Mailing Address 400 W 49th Ter

City State Zip Code  
 Kansas City MO 64112-2407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 08 / 2012

Transaction ID : F754B0D68C172899BF3

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE 38 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Ralph Sando Jr.**

Mailing Address 101 Laurier Pl

City

Bryn Mawr

State

PA

Zip Code

19010-2247

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 11 / 2012

Transaction ID : 80515F8D114397F47DD

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. John Saunders**

Mailing Address 1517 Nicholasville Rd  
Ste 101

City

Lexington

State

KY

Zip Code

40503-1429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.00

Date of Receipt

10 / 15 / 2012

Transaction ID : F94487DAE9A69538D6B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Bradley Scharf**

Mailing Address 8 Magnolia Dr

City

Rye Brook

State

NY

Zip Code

10573-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 02 / 2012

Transaction ID : 48C9DFD5-6699-4F0A-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1115.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Martin Seremet**

Mailing Address 71 Kirkwood Rd

City

West Hartford

State

CT

Zip Code

06117-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : FD28D469046B3D5915F**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Farhad Shokoohi**

Mailing Address 350 Golfview Dr

City

Saginaw

State

MI

Zip Code

48638-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

**Transaction ID : 34A24EEE1554A935830**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Edward Shubert**

Mailing Address 17070 Red Oak Dr  
Ste 405

City

Houston

State

TX

Zip Code

77090-2616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 10 / 2012

**Transaction ID : 458710431A992678B69**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1365.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. R. Michael Siatkowski**

Mailing Address 608 Stanton L Young Blvd

City

Oklahoma City

State

OK

Zip Code

73104-5014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

10 / 15 / 2012

Transaction ID : 0FAF31BB60BB0FEC0A0

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Daniel Smith**

Mailing Address 110 Pepper Hill Way

City

Aiken

State

SC

Zip Code

29801-2818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

10 / 03 / 2012

Transaction ID : 421D9C727CD4735FBD68

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**c. Mitchell Brian Stein**

Mailing Address 69 S Moger Ave

City

Mount Kisco

State

NY

Zip Code

10549-2217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.05

Date of Receipt

10 / 15 / 2012

Transaction ID : E2154EDBD0B0A31C5AF

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

583.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

## **A. Cameron Stone**

Mailing Address 386 Kimberly Ave

City

Asheville

State

NC

Zip Code

28804-2647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.40

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2012

Transaction ID : 4D7C844C55848BBE3D2B

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

## **B. Bradley Straatsma**

Mailing Address 100 Stein Plz

City

Los Angeles

State

CA

Zip Code

90095-7065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2012

Transaction ID : 3F3B80D948667E5D337

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. Jerry Suelflow**

Mailing Address 8333 N Davis Hwy

City

Pensacola

State

FL

Zip Code

32514-6050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 08 / 2012

Transaction ID : 98E81813-EB2A-4B5B-

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

548.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Rashid Taher**

Mailing Address 184 NE 168th St

City State Zip Code  
 North Miami Beach FL 33162-3412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 17 / 2012

**Transaction ID : D7B00694A4CDDE6036D**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Donald Texada**

Mailing Address 1501 Kings Hwy  
 PO Box 33932

City State Zip Code  
 Shreveport LA 71103-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2012

**Transaction ID : 45047A2CD4966F59E7F**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. William Thomas Walton**

Mailing Address 13919 Bluff Wind

City State Zip Code  
 San Antonio TX 78216-7923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : 45DDAEC3A649703E478**

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional)..... ►

841.67

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 53  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Thomas Peter Ward**

Mailing Address 18 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117-1859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 14 / 2012

Transaction ID : 4F339581783DE10042C4

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. James Wentzien**

Mailing Address 3600 N Interstate Ave

City

Portland

State

OR

Zip Code

97227-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

10 / 12 / 2012

Transaction ID : 45D09451DCD5AD788373

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Thomas Whitaker**

Mailing Address 900 Medical Cir

City

Myrtle Beach

State

SC

Zip Code

29572-4114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 15 / 2012

Transaction ID : 6E730342450BF4DEA54

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1091.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 44 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Richard Wieder**

Mailing Address 11188 Tesson Ferry Rd  
Ste 100

City State Zip Code  
Saint Louis MO 63123-6962

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2012

**Transaction ID : 4766A7548031A21B729E**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Juliann Williams**

Mailing Address 12100 SE Stevens Ct  
Ste 106

City State Zip Code  
Happy Valley OR 97086-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 15 / 2012

**Transaction ID : CE801164-C452-480C-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Harold Woodcome**

Mailing Address 690 Eddy St

City State Zip Code  
Providence RI 02903-4928

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 01 / 2012

**Transaction ID : 2F749BFE254F13D1E80**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 45 OF 53

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Timothy Young**

Mailing Address 5300 North St

City

Nacogdoches

State

TX

Zip Code

75965-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2012

**Transaction ID : 37E1A7C61F371CAC423**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Carol Ziel**

Mailing Address 2025 Frontis Plaza Blvd  
Ste 100

City

Winston Salem

State

NC

Zip Code

27103-5663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 10 / 2012

**Transaction ID : 4EC89BC52871F4D83B52**

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

**C. Neal Zimmerman**

Mailing Address 133 Transylvania Rd

City

Woodbury

State

CT

Zip Code

06798-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2012

**Transaction ID : 7F28D6FBF16E42340C0**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

656.67

**TOTAL** This Period (last page this line number only)..... ►

40262.86

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 53

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. AAO**

Mailing Address 655 Beach St.

City	State	Zip Code
San Francisco	CA	94109

Purpose of Disbursement  
PAC Admin deposited into PAC by mistake

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : V35F7C74DE3C290F4997

Amount of Each Disbursement this Period

2299.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2299.00
---------

2299.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)**

Full Name (Last, First, Middle Initial)

**A. Ann Wagner for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Mailing Address PO Box 50

City	State	Zip Code
Ballwin	MO	63022

**Transaction ID : B764FD94EB8EE50AB4A**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Ann L. Wagner**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 02

Full Name (Last, First, Middle Initial)

**B. Brian Bilbray for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Mailing Address 970 Seacoast Drive  
# 7

City	State	Zip Code
Imperial Beach	CA	91932-2402

**Transaction ID : 95C604EC16D9287DA62**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Brian P. Bilbray**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 52

Full Name (Last, First, Middle Initial)

**C. Committee To Elect Michelle Lujan Grisham**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Mailing Address 2015 Dietz PI NW

City	State	Zip Code
Albuquerque	NM	87107

**Transaction ID : 98569C1D554838229FC**Purpose of Disbursement  
2012 General

011

Amount of Each Disbursement this Period

1500.00
---------

Candidate Name

**Michelle Lujan Grisham**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NM District: 01

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Denny Heck for Congress**

Mailing Address PO Box 235

City	State	Zip Code
Olympia	WA	98507

Purpose of Disbursement  
2012 General

011

Candidate Name

Dennis Heck

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : BE031AFC02CDC502C17

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Doherty for Congress**

Mailing Address PO Box 6251

City	State	Zip Code
Providence	RI	02940

Purpose of Disbursement  
2012 General

011

Candidate Name

Brendan P. Doherty

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: RI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : 0B30ABB5EE746A399E2

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Heck**

Mailing Address PO Box 750114

City	State	Zip Code
Las Vegas	NV	89136

Purpose of Disbursement  
2012 General

011

Candidate Name

Joseph Heck Jr.

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : 1143A8191C9B4C70174

Amount of Each Disbursement this Period

5000.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Glacier PAC**

Mailing Address 3242 Cummins Way

City	State	Zip Code
Missoula	MT	59802

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Glacier PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : ACC22742EA2848EA6F7

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Hoosiers for Richard Mourdock Inc**

Mailing Address PO Box 1583

City	State	Zip Code
Indianapolis	IN	46206-1583

Purpose of Disbursement  
2012 General

011

Candidate Name

Richard E. Mourdock

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: IN District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : 1F847C97ECA0609EC8

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389-2667

Purpose of Disbursement  
2012 General

011

Candidate Name

Kevin McCarthy

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 23 Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : E415F0F16D7FC91E4FE

Amount of Each Disbursement this Period

1000.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Lampson for Congress**

Mailing Address PO Box 21500

City	State	Zip Code
Beaumont	TX	77720

Purpose of Disbursement  
2012 General

011

Candidate Name

Nicholas Lampson

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : 529C3D28BA56BD112E7

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Lone Star Leadership PAC**

Mailing Address PO Box 30844

City	State	Zip Code
Bethesda	MD	20824

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Lone Star Leadership PAC

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☐ General  
☒ Other (specify) ▼ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2012

Transaction ID : E53705B209DD0D5C4E6

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Paul Gosar for Congress**

Mailing Address PO Box 2991

City	State	Zip Code
Florence	AZ	85132

Purpose of Disbursement  
2012 General

011

Candidate Name

Paul R. Gosar

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : 32D076464325A457919

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Sooners United for Leadership, Loyalty and You (SULLY) Fund**

Mailing Address PO Box 650552

City	State	Zip Code
Potomac Falls	VA	20165-0552

Purpose of Disbursement  
2012 Contribution

011

Candidate Name

Sooners United for Leadership, Loyalty and You (SULLY) Fund

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2012

Transaction ID : 026D8288DA58CB4E844

Amount of Each Disbursement this Period

5000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

37500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 53

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

**A. Michael Hodges**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Mailing Address 4577 Brumley Rd

City	State	Zip Code
Newburgh	IN	47630-9620

Purpose of Disbursement  
Duplicate PAC contribution; refunded 10/17/12 PayPal.

010

Candidate Name

Category/  
Type

Transaction ID : 6B1F6555A128265746C

Amount of Each Disbursement this Period

500.00
--------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500.00
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500.00
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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 53 OF 53  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00196246         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span>			
Full Name (Last, First, Middle Initial) of Payee <b>DMI Direct</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> </div>	
Mailing Address 1145 W Collins Ave		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">43957.00</span> </div>	
City State Zip Code Orange CA 92867		<b>Transaction ID : V3DE5845061A3F4C9722</b>	
Purpose of Expenditure MI-1 Radio buy - to begin airing 10/15/12.		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Daniel J. Benishek		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">5</span> <span style="border: 1px solid black; padding: 2px;">43957.00</span> </span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> </div>	
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>	
City State Zip Code		Office Sought: <input type="checkbox"/> House State: <input type="checkbox"/> Senate District: <input type="checkbox"/> President	
Purpose of Expenditure		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> <span style="border: 1px solid black; padding: 2px;"></span> </span>			
<b>(a) SUBTOTAL of Itemized Independent Expenditures.....</b> ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">43957.00</span> </div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures .....</b> ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;"></span> </div>	
<b>(c) TOTAL Independent Expenditures.....</b> ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">43957.00</span> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>Steven Rausch</u>		Date <span style="border: 1px solid black; padding: 2px; display: inline-block;"> <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYYYY</span> </span>	